

STATE OF RHODE ISLAND

APPLICATION FOR NON-RESIDENT TOURIST 14-DAY SHELLFISH LICENSE

Name:					
Address:					
City:	State	:	_ Zip Code:		
Date of Birth:	Sex:	M/F			
Driver's License Num #:		•			
Hair Color:	Weight:	Eye Colo	r: ŀ	Height:	
START DATE:		_ EXPIRATI	ON DATE: _		
This license is available resident over the agrecreationally in Rh shellfishing license. date of issue, and is To obtain this license 1. A copy of a va 2. Check or mone 3. This application Please make checks Registration & Licens 02908. Telephone	e of twelve (7 ode Island v This license limited to one e please attach elid ID. ey order in the on filled out in payable to the sing/DEM, 235	12) years wi vaters must e is valid for per calendar n: e amount of full and sign e State of Rh 5 Promenade	shing to tak obtain an fourteen (14 r year. \$11.00. ed at botton	e or posses: annual or 1) days only, n. DEM, and ma	s shellfish a tourist including
	Signatu	ire of Applica	ant	Date	